

September 27, 2002

Mr. Michael R. Terlep Jr.  
Consolidated Leisure Industries, LLC  
423 N. Main Street  
P.O. Box 30  
Middlebury, Indiana 46540

Re: 039-16080-00192  
Second Administrative Amendment to  
Part 70 T039-10599-00192

Dear Mr. Terlep:

Prodesign Thermoforming (Beck) Plant #830 and Prodesign Paint Plant #840 was issued a permit on November 12, 1999 for a stationary motor home custom coating source. A letter requesting a transfer of ownership and name change was received on September 13, 2002. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

Prodesign Thermoforming (Beck) Plant #830 and Prodesign Paint Plant #840 transferred operations and ownership of the source located at 21888 Beck Drive, Elkhart, Indiana to Consolidated Leisure Industries, LLC at the same location. The source will operate under the name of Consolidated Leisure Industries, LLC.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,  
Original signed by  
Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Replacement Pages  
PD/gkf

cc: File - Elkhart County  
Elkhart County Health Department  
Air Compliance Section Inspector - Paul Karkiewicz  
Compliance Data Section - Karen Nowak  
IDEM Northern Regional Office  
Permit Review Section 1 - Gary Freeman  
Air Programs - Chet Bohannon

# **PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY**

**Consolidated Leisure Industries, LLC  
21888 Beck Drive  
Elkhart, Indiana 46540**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

|  |  |
|--|--|
| Operation Permit No.: T 039-10599-00192  |  |
| Issued by:<br>Janet G. McCabe, Assistant Commissioner<br>Office of Air Quality | Issuance Date: November 12, 1999<br><br>Expiration Date: November 12, 2004 |

First Administrative Amendment 039-11629-00192, issued January 6, 2000

First Reopening 039-13268-00192, issued January 7, 2002

|   |  |
|---|--|
| Second Administrative Amendment:<br>039-16080-00192                                     | Pages Affected: 32, 33, 34 and 35        |
| Issued by: Original signed by<br>Paul Dubenetzky, Branch Chief<br>Office of Air Quality | Issuance Date:<br><br>September 27, 2002 |

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
CERTIFICATION**

Source Name: Consolidated Leisure Industries, LLC  
Source Address: 21888 Beck Drive, Elkhart, Indiana 46540  
Mailing Address: P.O. Box 30, 423 N. Main Street, Middlebury, Indiana 46540  
Part 70 Permit No.: T 039-10599-00192

**This certification shall be included when submitting monitoring, testing reports/results  
or other documents as required by this permit.**

Please check what document is being certified:

9 Annual Compliance Certification Letter

9 Test Result (specify) \_\_\_\_\_

9 Report (specify) \_\_\_\_\_

9 Notification (specify) \_\_\_\_\_

9 Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT****OFFICE OF AIR QUALITY****COMPLIANCE DATA SECTION****P.O. Box 6015****100 North Senate Avenue****Indianapolis, Indiana 46206-6015****Phone: 317-233-5674****Fax: 317-233-5967****PART 70 OPERATING PERMIT****EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Consolidated Leisure Industries, LLC  
Source Address: 21888 Beck Drive, Elkhart, Indiana 46540  
Mailing Address: P.O. Box 30, 423 N. Main Street, Middlebury, Indiana 46540  
Part 70 Permit No.: T 039-10599-00192

**This form consists of 2 pages****Page 1 of 2**

Check either No. 1 or No.2

**9**

1. This is an emergency as defined in 326 IAC 2-7-1(12)

- ☐ The Permittee must notify the Office of Air Quality (OAQ), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
- ☐ The Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

**9**

2. This is a deviation, reportable per 326 IAC 2-7-5(3)(C)

- ☐ The Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Page 2 of 2

|   |
|---|
| Date/Time Emergency/Deviation started:  |
| Date/Time Emergency/Deviation was corrected:  |
| Was the facility being properly operated at the time of the emergency/deviation?      Y      N<br>Describe:   |
| Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:   |
| Estimated amount of pollutant(s) emitted during emergency/deviation:  |
| Describe the steps taken to mitigate the problem:   |
| Describe the corrective actions/response steps taken:   |
| Describe the measures taken to minimize emissions:  |
| If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value: |

Form Completed by:\_\_\_\_\_

Title / Position:\_\_\_\_\_

Date:\_\_\_\_\_

Phone:\_\_\_\_\_

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
SEMI-ANNUAL COMPLIANCE MONITORING REPORT**

Source Name: Consolidated Leisure Industries, LLC  
Source Address: 21888 Beck Drive, Elkhart, Indiana 46540  
Mailing Address: P.O. Box 30, 423 N. Main Street, Middlebury, Indiana 46540  
Part 70 Permit No.: T 039-10599-00192

**Months:** \_\_\_\_\_ **to** \_\_\_\_\_ **Year:** \_\_\_\_\_

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

**9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

**9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

| <b>Compliance Monitoring Requirement</b><br>(e.g. Permit Condition D.1.3) | <b>Number of Deviations</b> | <b>Date of each Deviation</b> |
|---|-----------------------------|-------------------------------|
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.